

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

Hospital Wasatch County Hospital City and State Heber City, Utah

Name in Full Reynolds, Joseph W. Date 8-27-74

Office Address 3920 South 1100 East Telephone 262-6492

Residence Address 375 East Brahma Drive Murray, Utah Telephone 262-4448

Sex M Marital Status Married No. of Dependents 5 Citizenship U.S.A.

Date of Birth 4-11-39 Birthplace Visalia, Tulare County, California

Premedical Education: College or University San Francisco State University

Degree B.A. Date of Graduation June 1965

Medical Education: Medical School California College of Podiatric Medicine

Degree Doctor of Podiatric Medicine (D.P.M.) Date of Graduation May 1969

Internship: Hospital _____ Date _____ Rotating ☐ Special ☐

_____ Date _____ Rotating ☐ Special ☐

Licensures California License No. E 1336 Registry No. AR 1382908 Reciprocity ☐ Examination ☒

Utah License No. 69 Registry No. AR 5623954 Reciprocity ☒ Examination ☒

Has your license to practice medicine in any jurisdiction ever been suspended or revoked? If so, give full details on separate sheet.

Residencies _____ Date _____

_____ HOSPITAL AND TYPE OF RESIDENCY _____ Date _____

_____ HOSPITAL AND TYPE OF RESIDENCY _____ Date _____

Fellowship _____ Date _____

Assistantships _____ Date _____

_____ Date _____

Teaching Appointments _____ Date _____

_____ Date _____

Postgraduate Education Continuing education program of the California Date _____

Podiatry Association (fulfilling 50 hrs. per year Date _____

certified work). Date _____

Membership on Other Hospital Staffs (past and present) Visalia Community Hospital 11-23-70

P.O. Box 911 1633 S. Court St. Visalia, California 93277

Sierra View District Hospital 465 W. Putman Ave. Porterville, California 12-10-69

Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed? If so, explain in full detail on separate sheet.

Membership in Medical Societies American Podiatry Association, California Podiatry Association,

Utah Podiatry Association, Public Health League, American Public Health Association.

Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization? If so, give full details on separate sheet.

Associate Foot American College of Physicians ☐ Date _____

Fellowship American College of Surgeons XX

Fellowship in other specialty colleges _____ Date _____

Certified by American Board of _____ Date _____

References and Addresses (preferably preceptors or previous medical associates) See separate sheet.

On separate sheets list scientific papers, essays, and theses you have written, and scientific meetings you have attended during the past five years.

Privileged - Sired - Surgery of the foot - elective and traumatic.

Previous Experience in Specialties Applied for: Four years active surgical practice in California in hospital and office, one year experience in Utah.

General Surgery: Number of Operations Performed 850 Number of Operations as Assistant 250

Names of Preceptors Roger Johnson, D.P.M.

Gynecology: Number of Gynecological Operations Performed

Number of Gynecological Operations Performed as Assistant

Names of Preceptors

Obstetrics: Number of Normal Deliveries Performed Number of Abnormal Deliveries Performed

Names of Preceptors

Medicine: (Describe experience in general medicine)

Names of Preceptors

Other Specialties: (Name and describe experience)

Names of Preceptors

In making application for appointment to the medical staff of this hospital I agree to abide by its bylaws and by such rules and regulations as it may from time to time enact. Moreover, I specifically pledge that I will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services, and I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal from the staff.

James M. Smith, D.P.M.
SIGNATURE OF APPLICANT

M.D.

CREDENTIALS COMMITTEE

Above Application Was Reviewed by the Credentials Committee with the Following Recommendations:

Appointment to the Honorary ☐ Active ☐ Associate ☐ Courtesy ☐ Division of the Medical Staff

With Privileges in With Privileges Limited to

Appointment to be Deferred Appointment Not Recommended

Signed: M.D. M.D.

Date: M.D.

EXECUTIVE COMMITTEE

Reviewed by the Executive Committee of the Medical Staff of

Date: SECRETARY OF EXECUTIVE COMMITTEE M.D.

GOVERNING BOARD

Approved by the Governing Board of

Date: SECRETARY OF GOVERNING BOARD M.D.